



Policy and Procedure: COMPLIANCE AND BUSINESS INTEGRITY (CBI) PROGRAM

Procedure Number: C-7 Page: 1 of 10

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1. BACKGROUND:

The University Eye Center (UEC) strives to ensure that it consistently complies with all applicable standards and maintains the highest level of business integrity. To that end, the UEC has established a Compliance and Business Integrity Program (CBI) that is woven into the fabric of routine operations to assure that business, health information, and related clinical transactions accurately and reliably initiate, authorize, record, process, and report transactional data, and prevent and/or detect errors.

2. PURPOSE AND SCOPE:

Compliance is an organizational culture that fosters the conduct that complies with applicable law and/or an organization's own ethical and business standards of conduct. This policy establishes the framework for a Compliance and Business Integrity Program at the UEC that supports the organization's mission and vision through oversight of the business operations and health information practices of the UEC and its employees.

The UEC's Compliance Program is designed to protect against health care fraud, waste and abuse by preventing and detecting false claims and statements and impermissible financial transactions. The Program consists of the following seven (7) elements:

1. The establishment of written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics;
2. The designation of an employee vested with responsibility for the day-to-day operation of the compliance program and compliance committee
3. The development and implementation of training and education programs for all affected employees and persons associated with the provider, including executives and governing body members, on compliance issues, expectations and the compliance program operation;
4. The establishment of communication lines to the responsible compliance position that are accessible to all, to allow compliance issues to be reported. Such communication lines shall include a method for anonymous and

- confidential good faith reporting of potential compliance issues as they are identified;
5. The establishment and enforcement of disciplinary policies to encourage good faith participation in the compliance program by all affected individuals;
 6. The establishment and implementation of a system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas, including but not limited to internal audits and as appropriate external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits, credentialing or providers and persons associated with providers, mandatory reporting, governance, and quality of care of medical assistance program beneficiaries;
 7. The establishment and implementation of a system for responding to compliance issues as they raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits; correcting such problems promptly and thoroughly and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to the department or the office of Medicaid inspector general; and refunding overpayments;

The UEC's Compliance Program seeks to:

- a. Demonstrate sincere, ongoing efforts to comply with all applicable laws
- b. Establish, revise and clarify policies and procedures in order to enhance compliance
- c. Empower all responsible parties to prevent, detect, respond to, report and resolve conduct that does not conform to applicable laws, regulations, and the College's and University's Codes of Conduct and Ethics
- d. Establish mechanisms for employees to raise questions and concerns about compliance issues, without repercussions, and ensure those concerns are appropriately addressed
- e. Incorporate new policies as a result of self-monitoring activities and/or findings and recommendations from outside audits and federal and state OIG work plans.
- f. Establish lines of communication to disseminate current information concerning coding.

The scope of the CBI program does not include oversight of:

- a. The clinical aspects of care and matters related to the clinical quality of that care. The UEC has a Quality Assessment and Improvement Committee which is charged in part with reviewing billing and coding practices. Where appropriate, the Committee's findings are referred to the CBI officer for further action.
- b. Optometric student education and training of clinical professionals. This falls under the auspices of the Dean for Academic Affairs.
- c. Human subject research. There is a Research Institutional Review Board which oversees this activity.

3. POLICY:

The policy of the UEC is that its business activities and health information practices will be conducted in accordance with all applicable laws, regulations, and industry standards, and that it will maintain the highest level of professional and ethical standards in the conduct of its clinical

and administrative operations. Business integrity is more than just technical or minimal compliance with the laws and regulations which apply to a business activity or health information practice. It means actions which not only comply with the letter of a particular law, rule or standard, but which can also be characterized as above-board, ethical, and without the intent or effect of being false or misleading. These standards can be achieved and sustained only through the actions and conduct of all staff of the UEC.

4. CODE OF CONDUCT

The standards of the Code of Conduct (see P & P Number C-6) are meant to guide all UEC employees in their daily activities pertaining to compliance risk areas. Compliance risk areas may include financial integrity, confidentiality and privacy, conflict of interest and vendor relationships.

All UEC personnel shall have an obligation to:

- a. **TREAT** others without discrimination, and with respect, dignity and professionalism.
- b. **ADHERE** to all applicable standards of professional practice and ethical behavior in carrying out the business of the clinical enterprise, and should not feel forced or compelled to participate in unethical, improper or illegal conduct.
- c. **REPORT** their concern if they believe patient care is at risk, or if they believe ethical and sound business standards, including those pertaining to potential fraud, waste or abuse as defined in the Code of Conduct and/or the UEC's Compliance Program, are not being met.

NOTE: There will be no retaliation against personnel who, in good faith, report suspected non-compliance or raise concerns about compliance issues. The UEC Compliance Office promotes an "open door" policy and encourages employees to communicate concerns without fear of retaliation.

- d. **COMMUNICATE** questions or concerns regarding compliance with the UEC's Code of Conduct, Compliance Program, policies, contracts or individuals, to a supervisor, the UEC Compliance Officer, VP for Clinical Administration, or by contacting the Compliance Hotline at 1-888-906-6777 or by email at compliance@sunyopt.edu
- e. **MAKE** timely and appropriate reporting and reimbursement adjustments for errors which may occur in the normal course of doing business.

5. STRUCTURE AND RESPONSIBILITY:

- a. Employees of the UEC share responsibility for ensuring that all business operations and health information practices within their respective areas are being conducted in compliance with the laws, regulations and standards which govern those activities.
- b. The UEC conducts pre-employment and monthly screening of Exclusion/Sanction lists (See P&P E-10).
- c. A Compliance/Business Integrity Officer (CBI Officer) has been designated with the operational responsibility for the CBI program and for coordinating CBI activities for the UEC.
- d. The CBI Officer will report administratively to the VP of Clinical Administration/ Executive Director of the UEC. The CBI Officer will have authority and autonomy to conduct CBI activities and is specifically delegated to have authority to access all documents or information necessary to conduct CBI activities. The CBI Officer will not conduct any CBI

activity in any situation where they may have personal or organizational interests which conflict, or might be perceived to conflict, with their CBI responsibilities. Should the need arise, the CBI Officer will consult with the President of the College and/or the College's legal counsel to discuss appropriate action.

6. COMPLIANCE Officer (CBI Officer)

- a. The CBI Officer will interact with other functional areas within the College of Optometry that are also performing compliance and compliance-related activities. These areas include the Quality Assessment and Improvement Committee, Internal Control Committee, Health and Safety Committees, and Legal Counsel.
- b. The CBI shall be responsible for:
 1. Providing leadership for all compliance and business integrity efforts within the UEC.
 2. Coordinating efforts to facilitate compliance objectives.
 3. Formulating effective internal controls with senior managers within the UEC and ensuring these internal controls are implemented.
 4. Reviewing and investigating reports of actual or perceived compliance violations, and recommending appropriate actions as needed.
 5. Implementing all non-disciplinary corrective actions. This will be done in conjunction with the VP of Clinical Administration/Executive Director. The CBI officer will monitor the effectiveness of the corrective actions taken and will work with management to modify or change corrective actions until the issues have been satisfactorily addressed.
 6. Coordinating regular and special compliance audits.
 7. Providing or arranging to provide staff education regarding CBI.
 8. Soliciting guidance and advice regarding the activities and direction of the CBI program from senior management, external education programs/resources and SUNY System Administration.
 9. Informing the VP of Clinical Administration/Executive Director, the President of the College and legal counsel of investigations, program reviews, external inspections or other recurring or episodic program assessment efforts that involve CBI Investigations.
 10. Reviewing results and findings of all compliance-related business quality monitoring, audits, investigations, fact-finding efforts, progress and outcomes of CBI Action Plans.
 11. Reviewing the training and education program related to compliance and business integrity.
 12. Reviewing (in conjunction with the UEC's Patient Financial Services Department) reimbursement rates and causes for non-payment of insurance carriers.
 13. Annual review of the Federal OIG work plan as well as the New York State OMIG work plan.
 14. Preparing an annual written report for the VP of Clinical Administration/Executive Director on significant work performed during the year and upcoming focus areas.

7.COMPLIANCE COMMITTEE:

- a. The Compliance Committee comprises of senior managers with varying responsibilities and perspectives from the following departments: operations, finance, human resources, HIPAA , credentialing, coding, legal, quality assessment and improvement.
- b. The Compliance Committee shall be responsible for:
 1. Meeting with the Compliance Officer at minimum quarterly
 2. Coordinating to ensure that all affected individuals complete compliance training and education during orientation and annually.

3. Identifying any potential high-risk areas from each member's respective department.
4. Assisting the Compliance Officer to investigate a problem as needed utilizing expertise from within the UEC and the College and outside sources (e.g. university auditors, external agencies, etc.)

8. CBI TRAINING AND EDUCATION:

- a. A CBI awareness training will be provided for all new employees within 30 days of hire. Recurrent CBI awareness training will be provided to all employees on an annual basis. Attestation will be obtained after each educational session and maintained on file. CBI awareness training will cover at least the following subjects:
 1. Annual training will be required of all employees. Job-specific training covers, as appropriate to the job function, clinical documentation and documentation standards.
 2. All staff will receive information regarding the following:
 - a. The UEC Compliance Program
 - b. The UEC Code of Conduct
 - c. Their responsibility to report compliance related concerns
 - d. The identity of the Compliance Officer and contact information for the Compliance Hotline
 - e. Reporting mechanisms
 - f. The federal and state False Claims Acts
 - g. Related Federal and State laws and the organization's policy regarding "whistleblower protections".
 3. All UEC staff will be educated on their obligation to report any compliance issues. They will be able to report these issues either anonymously or in a way that will be safe and non-retaliatory. The on-line training course also includes an employee attestation that they understand the requirements of the compliance program.
 4. On an annual basis, the CBI will conduct an assessment of the monitoring and auditing activities for the previous year and will recommend if additional resources are needed.
 5. The CBI will review annually the results of the Compliance Training Test to identify if there are specific compliance program areas which need additional or more robust training. If such areas are found, the training materials will be updated.

9. CBI COMMUNICATIONS – (Hotline Number: 1-888-906-6777 e-mail: compliance@sunyopt.edu)

The UEC has a confidential hotline for the reporting of compliance related activities. A log of such activities will be maintained by the CBI Officer. The CBI Officer will be responsible for receiving and managing compliance concerns communicated using either written mail, e-mail or the Compliance Hotline. Conventional mail is the only anonymous form of communicating any compliance concerns. In the absence of the CBI Officer, the Privacy Officer will temporarily assume the function of the CBI Officer.

The CBI Officer will report as appropriate to the executive leadership and managers of each department any compliance risks identified throughout the year, as well as the proposed plan to mitigate.

Clinical providers will be informed of changes to documentation standards which may affect coding or billing.

Managers of all business operations will immediately forward to the CBI Officer copies of any correspondence that suggests significant or systemic deficiencies in patient registration data, clinical documentation, coding, billing, refunds, or overpayments.

The CBI Officer will be promptly informed of issues of significant importance or compliance exceptions.

10. CBI ENFORCEMENT, DISCIPLINE and RECOGNITION:

a. Good Faith Participation in the Compliance Program

All UEC employees are expected to participate in good faith in the Compliance Program. Specifically, the workforce is expected:

- (1) To report suspected problems involving a peer, subordinate or supervisor;
- (2) Not to encourage, direct, facilitate, or permit non-compliant behavior; or to participate in non-compliant behavior
- (3) To perform each obligation and duty required of them relating to compliance with the Compliance Program and applicable laws and regulations.
- (4) Not to retaliate against any individual for reporting a possible violation; and
- (5) To assist and cooperate with the investigation and resolution of compliance issues.

Managers of business functions are to operate their programs in compliance with the laws, regulations and industry standards which apply to those functions with the highest standards of business integrity. Managers and supervisors may be disciplined for failure to adequately train employees in compliance and business integrity matters; or for failure to adequately detect, disclose, and correct noncompliance with applicable laws, regulations or industry standards, where reasonable diligence on the part of the manager or supervisor would have led to the earlier detection, reporting, or correction of the compliance or business integrity problem. In addition, leadership is expected to implement the Compliance Program to prevent and detect noncompliance with the Compliance Program and applicable policies, with all reasonable diligence.

b. Disciplinary Policies

The UEC seeks to ensure that any disciplinary action follows existing disciplinary policies and procedures which may include Human Resources policies and procedures; provisions of applicable collective bargaining agreements; and policies and procedures of the College and the UEC.

Examples of non-compliance activities includes failing to report suspected problems; participating in non-compliant behavior; or encouraging, directing, facilitating or permitting either actively or passively non-compliant behavior.

UEC staff and contractors who fail to comply with the compliance program, policies and standards, or who have engaged in conduct that potentially impairs the UEC's status as a

reliable, honest, and trustworthy service provider will be subject to disciplinary action, up to and including termination.

c. Disciplinary Action

To the extent consistent with any applicable collective bargaining agreement or code of conduct, a failure to meet the expectations of good faith participation may result in disciplinary action.

Discipline will be fairly, firmly, and consistently enforced and in compliance with any applicable collective bargaining agreement or code of conduct.

d. Documentation of Disciplinary Actions

Disciplinary measures for violations will be documented and retained in accordance with the applicable policies and procedures and collective bargaining agreements. The Compliance Officer will maintain office records (log) of all disciplinary actions taken for compliance violations and will reference these records as necessary to ensure consistency of application.

e. Reporting and retaliation

There will be no retaliation or adverse action of any kind against any employee who identifies or reports a compliance or business integrity issue to management, to the CBI Office, or through the CBI Helpline (1-888-906-6777). UEC employees are required to assist and cooperate with the investigation and resolution of compliance issues.

11. CBI MONITORING and AUDITING

On an annual basis, at minimum, a review and identification of compliance risk areas will be conducted. The results of the risk assessment will influence the compliance program's monitoring and auditing activities for the year and will ensure the program is effectively preventing and detecting non-compliance.

Monitoring of operations will occur within the UEC to assist in confirming that business operations and health information practices are conducted in accordance with applicable laws, regulations and industry practices or to identify where they do not, so that causes for non-compliance can be identified and resolved. The CBI officer may perform or manage additional audits to assure compliance and detect areas of vulnerability. The following steps in the revenue cycle may be audited:

a. UEC staff involved in the revenue cycle, including health information practices may be monitored to ensure accuracy of all data output from the specified steps to assure such data is accurate and complies with all applicable laws, regulations and industry standards. The following steps in the revenue cycle may be monitored:

1. Clinical coding via the QA committee and special audits as needed
2. First Party Billing (as necessary)
3. Third Party Billing (as necessary)

b. In addition to monitoring the output from steps of the revenue cycle, other business process and health information practices may be reviewed:

1. As indicated by results of monitoring or auditing (QA Committee),

2. As indicated by communications received by the facility (e.g., communications from the Inspector General, patients or payers) of deficiencies in the quality or accuracy of the output from any element of the revenue cycle.
 3. The OIG Work Plan and the NYS OMIG
- c. Detection Measures:
1. Billing and Coding Edits
 2. Internal audits may be performed to detect fraud, waste, and abuse
 3. On a periodic basis, as determined by the CBI Officer, the UEC shall conduct random audits to ensure claims processing accuracy and program compliance. A randomly selected number of medical records should be reviewed to ensure that the coding was performed accurately. If problems are identified, focused review should be conducted on a more frequent basis through the informal audit process. When audit results reveals areas needing additional information or education of employees and clinicians, these areas will be incorporated into the training and educational system.
 4. Internal audits may be used to determine whether:
 - a. bills are accurately coded and accurately reflect the service provided
 - b. services or items provided are reasonable and necessary
 - c. medical records contain sufficient documentation to support the charges
- d. As a result of audits, specific recommendations will be offered to the appropriate services/departments to mitigate the risk of recurrence. The audit will determine if the findings are systematic in nature or an isolated incident associated with a specific cause. The result of the monitoring will be made available to the appropriate individuals (e.g. Supervisor, Section or Service Chief, Chief Medical Officer, VP for Clinical Administration/Executive Director or President) as appropriate. The Compliance Officer will follow-up on any investigations conducted to assure corrective actions are promptly implemented and to prevent the recurrence of the compliance issue. All findings including recommendations and corrective actions will be documented.
- e. All UEC personnel shall be required to report incidents of violations of this Program and shall be subject to disciplinary action for failure to report any such incident.

12. CBI INVESTIGATION AND RESPONSE:

The CBI officer will establish a clear “open-door” policy and a non-retaliatory policy for reported compliance issues.

- a. The CBI Officer will develop a process for conducting such inquiries and the timelines during which fact-finding is to be performed. The investigation begins when an issue of possible wrongdoing is raised. The investigation process includes the following steps:
 - i. Determine nature of the allegation. A “Compliance Incidence Form” is attached to the policy to document incidents.
 - ii. Convene an ad-hoc committee.
 - iii. Develop Investigation Plan.
 - iv. Conduct and document the investigation.
 - v. Analyze facts and prepare report.

- vi. Develop a corrective action plan which may include revised procedures, training, disciplinary action, self-disclosure and/or repayment.
- vii. Implement a follow-up review process to ensure identified compliance issues have been fully resolved.

The correction of any issue identified will be made promptly and thoroughly. Follow-up actions will be initiated by the CBI Officer to ensure recommendations or corrective actions are promptly implemented. In addition, when appropriate, compliance issues may need to be reported to State and Federal agencies (e.g. NYS Dept of Health, OMIG, etc.).

- a. While every effort will be made to protect a reporting individual's identity (if requested and applicable), this may not always be possible and those reporting wrongdoing will be so advised. There will be no retaliation against anyone who reports a concern made in good faith. A follow up letter will be sent to any individual reporting suspecting wrongdoing assuring the individual that the issue will be taken seriously and investigated, as appropriate.
- b. If during fact-finding the CBI Officer comes to a conclusion that a criminal act, or that waste, fraud or abuse, may have occurred, the CBI Officer will immediately suspend fact-finding so as to not impair any subsequent investigation by the OIG and/or NYS OMIG, and will inform legal counsel of these findings.
- c. If an external review or investigation is conducted, the findings of this investigation will be addressed with senior management and appropriate college personnel to ensure the UEC is compliant.
- d. If at any time, it is determined that an employee is either: 1) making false claims for malicious purposes; 2) failing to report suspected problems; 3) participating in non-compliant behavior; or 4) ignoring non-compliant behavior, the employee will be referred for appropriate disciplinary action.

13. ENSURING PROGRAM COMPLIANCE

1. Training and Education

- a. In order to create and maintain a culture of compliance, the UEC shall provide initial and continuing education to employees on all matters set forth in this Program. Participation in the educational program set forth in this Program shall be a condition of employment with the UEC and all new employees will be trained on compliance. New billing and coding employees will work under the supervision of an experienced employee until their initial training has been completed. Additional training shall be provided for specialty fields such as claims processing and billing. Compliance Training will be provided on both an initial and recurrent basis. This will include information on the compliance program itself and applicable statutes and regulations. The educational programs provided by the UEC will include:
 - a. An overview of this Program with specific instruction on the disclosure and reporting mechanisms contained in the Program;
 - b. An overview of state and federal laws and regulations regarding false claims, self-referrals, and the payment or receipt of remuneration to induce referrals;
 - c. Training regarding the role of each employee and the consequences of violating the policies; and
 - d. Training regarding the key risk areas in the OIG guidance and areas of particular OIG interest.

1. Coding and Billing Training. Individuals who are directly involved with billing, coding or other aspects of Federal health care programs will receive training specific to their responsibilities. The UEC will ensure that updated ICD-10, HCPCS and CPT manuals (in addition to the carrier bulletins) are available to those employees involved in the billing process. Continuous updates on current billing policies will also be readily available.
2. Documentation. Clinical Administration shall maintain documentation of all educational activities, including a record of dates, times, attendance, and agenda for all compliance training sessions in which UEC personnel participate.

COMPLIANCE INCIDENT REPORT FORM

Date: _____ **Control No.** _____

Form of Submission: [check one]

Hotline Personal Interview Written Submission via:

email correspondence
 USPS mail

Name of person reporting incident (if known): _____

Allegation(s): _____

Actions Taken in Response to Allegations: _____

Name of person interview/witness _____

This Report was Completed on [Date] by _____